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APPLICANTS

Raymond F. Ryan, Wilmington, NC;

John H. McNally, Oak Island, NC;

** CONTINUING DATA *****

MWE

** FOREIGN APPLICATIONS *****

MWE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 10/22/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NC	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature MWE	Initials	1	17	3

ADDRESS

25184
 WILLIAM J. MASON
 MACCORD MASON PLLC
 POST OFFICE BOX 1489
 WRIGHTSVILLE BEACH , NC
 28480

TITLE

Biological safety cabinet

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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